INFORMATION FOR THE REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD

>	Full name of the deceased:
>	Last U.S. address:
>	Permanent or temporary address in France:
>	The exact place of burial, indicate if the deceased was cremated or buried: cremated. buried at (indicate the cemetery address):
>	Person responsible for custody of personal effects and accounting:
>	Traveling/residing abroad with relatives or friends as follows:
>	Name, surname and address of spouse and/or children:
>	Name, surname and address of the next-of-kin if deceased was not married:
>	Copies of the Report of Death should be sent to:
A A A A	DCUMENTS TO BE ENCLOSED TO THIS QUESTIONNAIRE: Most recent U.S. passport, which will be canceled and returned to you, or if not available, please provide us with an American birth certificate. If applicable, the Naturalization Certificate. French Death Certificate issued by the City Hall ("copie intégrale", not an extract) Medical certificate from the attending physician stating that the death is due to natural causes or indicate the name and address of the doctor and/or hospital. U.S. Social Security Number: (please indicate if the deceased was receiving federal benefits (Social Security, VA, Civil Service, Foreign Service, etc.). Please provide relevant claim number
BE	gnature:
Na	ame (printed):
Re	elationship to the deceased:ddress:
	elephone number:

Please mail the documentation to: U.S. Embassy, Office of American Services (D&E), 4 avenue Gabriel, 75382 Paris Cedex 08, FRANCE. Tel: 01-43-12-29-93, or 01 43-12-20-21 / Fax: 01-42-61-61-40